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Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
Section 4(6), AND/OR
UNIFORM LIMITED OFFERING
EXEMPTION

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OMB APPROVAL

OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden hours per response16.00

SEC USE ONLY							
Prefix		Serial					
D,	TE RECEIV	ED					

				•	
Name of Offering (☐ check if this is an	amendment and name l	has changed, and	indicate change.)		
Array BioPharma Inc Offering o	f Warrants to Purcl	hase Common	Stock		
Filing Under (Check box(es) that apply):	□ Rule	e 504 🛮 🖺	☐ Rule 505	☑ Rule 506	Section 4(6) ULOE
Type of Filing: ☑ New Fi	ling 🗖 Amendm	nent			PROCESSED
	A. 1	BASIC IDENTI	FICATION DAT	'A	1
1. Enter the information requested about	it the issuer				MAY 2 2 2008
Name of Issuer (check if this is an an	nendment and name has	changed, and inc	ficate change.)		TUO. 40 0 1 1 -
Array BioPharma Inc. (the "Comp	any" or "Issuer")				THOMSON REUTERS
Address of Executive Offices	(Numb	er and Street, Cit	y, State, Zip Code) Telephone Nur	nber (Including Area Code)
3200 Walnut Street, Boulder, Colo	rado, 80301			303.381.660	0
Address of Principal Business Operations	(Numb	er and Street, City	y, State, Zip Code) Telephone Nur	nber (Including Area C
(if different from Executive Offices)				.1	181 (18)
Brief Description of Business					
A biopharmaceutical company.					
Type of Business Organization					
☑ corporation	☐ limited partnership	, already formed	otl otl	ner (please specify):	
☐ business trust	☐ limited partnership	, to be formed			00040-
· · ·		Month	Year		
Actual or Estimated Date of Incorporation	or Organization:	02	1998	✓ Actual	☐ Estimated
Jurisdiction of Incorporation or Organizat			ce abbreviation fo	or State: DE	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

• 7	A. BASIC IDEN	NTIFICATION DATA						
2. Enter the information requested for the follow	wing:							
Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to								
 Fach executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Fach general and managing partner of partnership issuers. 								
• E vacin general and managing partner of par	mership issuers.							
Check Boxies that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)								
Lefkoff, Kyle X	0 0 0 0		· · · · · · · · · · · · · · · · · · ·					
Business or Residence Address (Number and Street		•••						
c/o Array Biop harma Inc., 3200 Walnut Stre								
Check Boxes thr d Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if individual)								
Bullock Ph.D., Francis J.		 						
Business or Residence Address (Number and Stre								
c/o Array BioPharma Inc., 3200 Walnut Stre	et, Boulder, Colorado, 80	301						
Check Boxes that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)								
Caruthers, Ph. D., Marvin H.								
Business or Residence Address (Number and Street	et, City, State, Zip Code)							
c/o Array Bio Pharma Inc., 3200 Walnut Stre	et, Boulder, Colorado, 80	301						
Check Boxes that Apply:	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)				-				
Williams, Fh.D., Douglas E.								
Business or Residence Address (Number and Stre	et, City, State, Zip Code)	-						
c/o Array BioPharma Inc., 3200 Walnut Stre	et, Boulder, Colorado, 80	301						
Check Boxe's that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)								
Van Lunsen, Gil J.								
Business of Residence Address (Number and Stre	et, City, State, Zip Code)							
c/o Array BioPharma Inc., 3200 Walnut Stre	et, Boulder, Colorado, 80	301						
* Check Boxes that Apply:	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)								
Zabriskie, Ph.D, John L								
Business or Residence Address (Number and Stre	et, City, State, Zip Code)							
c/o Array BioPharma Inc., 3200 Walnut Stre	et, Boulder, Colorado, 80	301						
Check Boxes that Apply:	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)								
Conway, Robert E.								
Business or Residence Address (Number and Street	et, City, State, Zip Code)							
c/o Array BioPharma Inc., 3200 Walnut Stre	et, Boulder, Colorado, 80	301						
Check Boxes that Apply:	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)								
Carruthers, R. Michael								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Array BioPharma Inc., 3200 Walnut Stre	c/o Array BioPharma Inc., 3200 Walnut Street, Boulder, Colorado, 80301							

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years;

 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Koch, Ph.D., Kevin					******			
Business or Residence Addr	ess (Number and Street	, City, State, Zip Code)						
c/o Array BioPharma Inc., 3200 Walnut Street, Boulder, Colorado, 80301								
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)				.			
Moore, John R.			<u> </u>					
Business or Residence Addr	ess (Number and Street	, City, State, Zip Code)						
c/o Array BioPharma Inc	., 3200 Walnut Street	t, Boulder, Colorado, 80	301					
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Snitman, Ph.D., David L.								
Business or Residence Addr	ess (Number and Street	, City, State, Zip Code)						
c/o Array BioPharma Inc., 3200 Walnut Street, Boulder, Colorado, 80301								
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first,	if individual)		- "					
Yates, MB ChB, MD, Joh	n							
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Array BioPharma Inc	., 3200 Walnut Stree	t, Boulder, Colorado, 80	301					

					В. І	NFORMAT	TION ABOU	JT OFFERI	NG				
Note Part												Yes	No
Second S	I. Has t	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Ø	
Name of Associated Brosker or Dealer States In Name of Associated Brosker or Dealer In Name of Associated	• • • • • • • • • • • • • • • • • • • •												
	2. What is the minimum investment that will be accepted from any individual?												
4. Enter the information reguested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registreed with the SEC and/or with a state or states. Bits the name of the broker or dealer live in the information for that broker or dealer lovely. NOT APPLICABLE Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States"). States in Which Person Listed Has Solicited or Intends to Solicit													
Similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of abringer of edealer or dealer on a broker of dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NOT APPLICABLE Fall Name (Last name first, if individual)	3. Does	the offering peri	nit joint own	ership of a si	ngle unit?	.,,,,,						L	ব
Business or Residence Address (Number and Street, City, State, Zip Code)	simili an ass broke the in	ar remuneration sociated person or or or dealer. If m aformation for the	for solicitatio or agent of a b ore than five at broker or d	n of purchase proker or dea (5) persons to lealer only. N	ers in conne ler registere to be listed :	ection with seed with the S are associate	ales of secur SEC and/or w	ities in the o tith a state of	ffering. If a property of the states, list the	person to be lis se name of the	ted is		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers*	Tan Name	(Last name mat	, 11 11101 11000	''									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers* Check "All States" or check individual States	Business o	or Residence Ado	lress (Numbe	r and Street,	City, State,	Zip Code)							
Check "All States" or check individual States	Name of A	Associated Broke	r or Dealer	<u>_</u> _									
A	States in V	Vhich Person Lis	ted Has Solic	ited or Inten	ds to Solici	Purchasers	÷	_		_			
A								,					☐ All States
[MT]													
Full Name (Last name first, if individual) Full Name of Associated Broker or Dealer Full Name of Associated Broker or Dealer Full Name (Last name first) Full Nam	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
Full Name (Last name first, if individual)	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[RI]	[SC]	[SD]	[NT]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Name of Associated Broker or Dealer	Full Name	(Last name first	, if individua	1)				· 	•				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business o	or Residence Ado	Iress (Numbe	r and Street,	City, State,	Zip Code)							
Check "All States" or check individual States	Name of A	Associated Broke	r or Dealer				•						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [VA] [VA] [WV] [WI] [WY] [PR] [PR] [PR] [PR] [PR] [PR] [PR] [PR	States in V	Vhich Person Lis	ted Has Solic	rited or Inten	ds to Solici	Purchasers							
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] (NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [VA] [WV] [WV] [WI] [WY] [PR] [PR] [PR] [PR] [PR] [PR] [PR] [PR	(Check "A	Il States" or che	ck individual	States)									☐ All States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [VA] [VA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[MT]	[NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	
Business or Residence Address (Number and Street, City. State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[W]]	[WY]	[PR]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name	(Last name first	, if individua	l)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business o	or Residence Add	lress (Numbe	r and Street,	City, State,	Zip Code)							
(Check "All States" or check individual States)	Name of A	Associated Broke	r or Dealer										
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NI] [NV] [NV] [NV] [ND] [OH] [OK] [OR] [PA]	States in V	Vhich Person Lis	ted Has Solic	ited or Inten	ds to Solici	Purchasers				<u> </u>			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NV] [NC] [ND] [OH] [OK] [OR] [PA]	(Check "A	all States" or che	ck individual	States)									☐ All States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[iD]
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[RI] {SC} {SD] [TN] [TX] [UT] [VT] [VA] [VA] [WV] [WI] [WY] [PR]	[MT]	[NE]	[NV]	[NH]	[[1]		[NY]	[NC]	[ND]				
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1:	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		gate Principal Amount	Total Dollar Value of Warrants Purchased
	Debt	\$	0	\$
	Equity	\$	Q	\$
	☐ Common Stock: Shares of Common Stock to be issued upon exercise of the Common Stock Warrants (as defined below), at the exercise price of \$7.54 per share			
	☐ Preferred Stock			
	Convertible Securities: Warrants to purchase an aggregate of 6,000,000 shares of Common Stock at an exercise price of \$7.54 per share ("Common Stock Warrants") were issued in partial consideration of a loan in the principal amount of \$80,000,000 provided by the warrant holders to the Company	\$ <u>45</u>	<u>,240,000.00</u>	\$ <u>45,240,000.0</u>
	Partnership Interests	\$	0	\$
	Other (Specify)	\$	0	\$
	Total		,240,000.00	\$ 45,240,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	12 70 1000 100	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Accredited Investors		Number Investors	Aggregate Dollar Amount of Purchases \$45,240,000.00
	Non-accredited Investors		0	\$
	Total (for filings under Rule 504 only)		N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
			Type of	Dollar Amount
			Security	Sold
	Type of Offering			
	Rule 505		N/A	\$N/A
	Regulation A		N/A	\$N/A
	Rule 504		N/A	\$N/A
	Total		N/A	\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$(
	Legal Fees		Ø	\$\$40,000.00
	Accounting Fees			\$
	Engineering Fees		Ö	\$
	Sales Commissions (specify finders' fees separately)		_	\$
	Finders' Fees			\$
			_	4
	Other Expenses (Identify)			a a a a a a a a a a
	Total		☑	\$\$40,000.00

C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSES AND I	USE OF PROCEEDS				
 Enter the difference between the aggregate offering price give furnished in response to Part C - Question 4.a. This difference is the 	Gross Proceeds of: \$ 45,240,000.00*					
* All expenses paid out of available capital of the Company		.	43,240,000.00*			
 Indicate below the amount of the adjusted gross proceeds to the issushown. If the amount for any purpose is not known, furnish an estitotal of the payments listed must equal the adjusted gross proceeds to above. 	mate and check the box to the	left of the estimate. T	The			
		Payment to				
		Officers,		_	_ '	
		Directors, & Affiliates		Payment To Others		
Salaries and fees	***************	□ \$	0	□ \$.	0	
Purchase of real estate	•••••	□ \$	_0		0	
Purchase, rental or leasing and installation of machinery and equipment	***************************************	 \$	_0		0	
Construction or leasing of plant buildings and facilities	***************************************	□ \$	0		0	
Acquisition of other businesses (including the value of securities involved may be used in exchange for the assets or securities of another issuer purs		□ \$	_0	□ \$ _	0	
Repayment of indebtedness: Common Stock Warrants were issued in part						
the principal amount of \$80,000,000 to the Company		□ \$		_	45,240,000.00	
Working capital		□ \$			0	
Other (specify):		□ \$		_	0	
Column Totals		□ \$			45,240,000.00	
Total Payments Listed (column totals added)		☑ \$	45	,240,000	<u>).00</u>	
D. FEDE	RAL SIGNATURE					
The issuer had duly caused this notice to be signed by the undersigned duly au constitutes an undertaking by the issuer to furnish to the U.S. Securities and E issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502	xchange Commission, upon writte					
Issuer (Print or Type)	Signature	1		Date		
Array BioPharma Inc.	101 Car	uni		May (3 2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
R. Michael Carruthers	Chief Financial Officer					

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

